

Summary of Revisions to the DIDD Provider Manual
January 6, 2017

Summary: The Department of Intellectual and Developmental Disabilities (DIDD) revised the Provider Manual in order to comply with requirements applicable to the State's 1915(c) HCBS Waivers, the Clover Bottom Exit Plan, Council on Quality and Leadership (CQL) accreditation, and the Centers for Medicare and Medicaid Services (CMS) Final Rule on Home and Community Services and Person Centered Planning.

The primary purpose of this document is to present a high-level overview of revisions to the Provider Manual, focusing on new requirements as well as clarification of existing requirements impacting providers. The document is organized by chapter, with annotations to the applicable section of the provider manual. This summary attempts to highlight as many of the changes as possible but cannot be all-inclusive based on the size and complexity of the document and review.

Revisions throughout the Provider Manual

- Person-Centered language has been incorporated throughout the document.
- References to "mental retardation" have been replaced with "intellectual disabilities".
- References to "Arlington Waiver" have been replaced with "Comprehensive Aggregate Cap".
- References to "DHS" have been replaced with "TennCare".
- Language consistent with the CMS HCBS Settings Final Rule has been incorporated throughout the document.
- References to vision services have been removed throughout the document.

Table of Contents

- **IN.9:** Added CQL Accreditation: Person Centered Excellence.
- **1.8:** Added Appeals, making 1.9: Disenrollment from Medicaid Waiver Programs.
- **2:** Changed title to "Rights Protection and Promotion".
- **2.2:** Changed to "Title VI of the Civil Rights Act of 1964".
- **2.5:** Changed to "Human Rights Committees".
- **2.6:** Changed to "Options for Individuals Determined Unable to Make Decisions".
- **3.5:** Removed "and Tools" from Section Heading.
- **4.2:** Added "and DIDD Case Management" to the Section Heading.
- **4.10:** Changed Section Header to "Annual Re-Assessment/Determination of LOC and HCBS Settings Compliance".
- **5.11.b:** Added "Complaint Resolution Process".
- **5.11.c:** Added "Privacy and Confidentiality of Records".

- **9.11:** Added Provider HCBS Final Rule Self-Assessments.
- **9.12:** Added Individual Experience Assessments (IEAs).
- **11:** Changed title to “Residential, Employment and Day Services”.
- **11.2:** Changed Section Header to “Employment and Day Services Requirements”.
- **12.9:** Changed Section Header to “Self-Assessment and Internal Quality Improvement (QI)”.
- **13.18:** Added Specialized Medical Equipment Supplies and Assistive Technology (SMESAT).
- **14:** Changed title to Nursing and Dental Services.
- **14:3** Removed Vision Services and renumbered Dental Services.

List of Tables and Illustrations

- Added Table 4.6-1 Contact Requirements

Introduction

- **IN.5.b.:** The titles of and footnote links to the Section 1915(c) HCBS Waivers have been revised.
- **IN.7.b.6.:** Clarified function performed by TennCare to read, “Payment of adjudicated and clean file formatted claims for services rendered”.
- **IN.7.b.:** Interagency Executive and Senior Leadership Meeting has been added to the list of monthly meetings between TennCare and DIDD.
- **IN.7.b.:** Specifies that TennCare’s Long-Term Services and Supports (LTSS) staff participate in SCQI meetings.
- **IN.7.b.:** Added language regarding purpose and functions of the SCQI Committee.
- **IN.7.b.:** Added “Review” to the Abuse Registry and Review Committee title.
- **IN.7.b.:** Added statement, “The SQMC contributes to the state level Quality Improvement Plan (QIP) that is submitted to CMS”.
- **IN.7.c.: Removed “Implementation of QM program to ensure that services...”**
- **IN.9.:** Added section addressing CQL Accreditation: Person Centered Excellence.

Chapter 1: Eligibility, Enrollment, and Disenrollment

- **1.4.:** Language has been modified regarding the Family Support Program.
- **1.4.b.:** Added description of the CAC Waiver.
- **1.4.c.:** Added description of the SD Waiver.
- **1.4.d.:** Added description of the Statewide Waiver.
- **1.5.a.:** Deleted “contracts with the Department of Human Services (DHS) to”.
- **1.5.a.:** Deleted “DIDD has made arrangements with DHS for specially trained staff persons to be designated to determine financial eligibility for the Medicaid waiver programs for persons with intellectual disabilities”.

- **1.5.a.:** Deleted footnote.
- **1.5.b.:** Language clarifies that the Federal law not only recognizes, but has allowances for people paying for their room and board, as the Waiver does not reimburse for these things.
- **1.5.c.:** Added language about the ABLE Act.
- **1.5.c.4.:** Language clarifies that money set aside for burial expenses “in itemized, irrevocable agreements” shall not be considered a resource.
- **1.5.e.:** Language explaining why annual redetermination and reapplication and ongoing financial eligibility are pertinent to waiver eligibility was added.
- **1.5.e.:** Language clarifying the importance of timeliness with forms completion to a person’s waiver eligibility was added.
- **1.6.a.:** Added sentence “Prior to enrollment in an HCBS waiver, the person must meet both financial eligibility and medical eligibility criteria” to clarify that medical eligibility also applies to the waiver services.
- **1.7.:** Removed reference to enrollment in the Statewide and Arlington Waivers.
- **1.7.:** Updated footnote containing hyperlink to TennCare rules.
- **1.8.:** The section on Appeals was moved from Chapter 2 to here.
- **1.9.b.3.:** Language clarifying a person involuntarily disenrolled from the waiver to move out of the state of Tennessee because he/she “is the dependent of a military service member who is a legal resident of the State, but has left the State temporarily due to the military service member’s military assignment out of state, such dependent may re-enroll in the Waiver upon return to the State, so long as all conditions of eligibility are met” was added.
- **1.9.b.10.:** Removed language regarding emergency assistive services.
- **1.9.b.11.:** Added language about responsibility of DIDD to notify TennCare in writing prior to involuntarily disenrolling a person and giving advance notice to the person being disenrolled, as well as informing the person about his/her right to appeal and have a fair hearing. Also added language that “DIDD shall provide reasonable assistance to the person in locating alternative services”.

Chapter 2: Rights Protection and Promotion

- **2.1.:** The last paragraph from 2.3. has been moved up to the chapter introduction.
- **2.1.:** A link to the Universal Declaration of Human Rights was added to the footnotes.
- **2.2.:** Former Section 2.5. Title VI of the Civil Rights Act of 1964 has been moved here.
- **2.2.:** The word “applicant” has been removed where it was unnecessary.
- **2.3.:** Statement regarding DIDD requirement that providers train staff to understand individual rights and assist people in exercising their rights, as well as assisting

people with understanding the responsibilities associated with their rights was added.

- **2.3.a.2.:** Language explaining that people receiving DIDD services have the same rights as any other person, unless otherwise limited by law. “If there are limits on the person’s decision making, the alternate decision maker should explain the person’s rights and responsibilities and involve the person in the decision making process to the maximum extent possible”.
- **2.3.a.3.:** Added statement about due process.
- **2.3.a.4.:** Added statement about Human Rights Committee formal reviews.
- **2.3.a.5.:** Added statement about receiving information and provide informed consent regarding services and treatments.
- **2.3.a.8.:** Added “and to drive the person centered planning process”.
- **2.3.a.9.:** Added “community”.
- **2.3.a.10, 11,14.:** Added “and support in understanding”.
- **2.3.a.16.:** Statement about freedom of choice of providers, services, supports, and setting was added.
- **2.3.a.17.:** Right to privacy was expanded “to be free from unauthorized intrusion and unwanted observation”.
- **2.3.a.22.:** Added “coercion and the”.
- **2.3.a.23.:** Changed “environments” to “community settings”.
- **2.4.:** Language clarifies that services are driven by and in the best interest of the person served.
- **2.4.:** Changed “provide” to “deliver”.
- **2.4.a.:** Language about rights and responsibilities with intimate relationships was expanded.
- **2.4.b.:** Added section titled “Providers Implement Policies and Procedures that Promote People’s Rights”. This section outlines that the provider is expected to be knowledgeable about which specific rights are important to each person they support, as well as for supporting each person in exercising all rights.
- **2.4.c.:** Added section titled “Rights Assessment” with a hyperlink to Rights Assessment in the footnotes.
- **2.4.d.:** Language about “Staff Training” was expanded to specify that “Providers must ensure they have a written procedure or policy that will ensure that all staff receive training to recognize and honor people’s rights”. The written process should describe how all staff will upon employment and on an ongoing basis receive training in the six areas described in the manual.
- **2.5.:** Removed language regarding Human Rights Committees and created policy 80.6.1.

- **2.5.:** “Complaint Resolution” has been moved to Ch. 5.11 General Requirements for Waiver Services. This section is now “Options for Individuals Determined Unable to Make Decisions”.
- **2.7.:** “Privacy and Confidentiality of Records” was moved to Ch. 5.11.c.
- **2.8.:** “Appeals” was moved to Ch. 1.8.

Chapter 3: Individual Support Planning and Implementation

- **3.1.:** Added statement about CMS Final Rule.
- **3.1.a.:** Added “CMS Final Rule: Person-Centered Planning Process” section.
- **3.2.:** Added clarifying language that the ISP is not designed to restrict a person.
- **3.3.:** Description of Person-Centered Planning Principles was expanded to first paragraph.
- **3.3.:** Last paragraph has been expanded to reiterate the importance of scheduling at the person’s convenience, especially given the emphasis on employment.
- **3.4.:** Language regarding the person’s vision of a preferred life has been added.
- **3.4.:** Added “COS members can also include unpaid “natural” supports” to last paragraph.
- **3.5.:** Added statement “Person centered planning is the foundation for supporting the person to create their vision for his/her preferred life. It is essential that all providers of services and supports possess the requisite person centered thinking skills to support the person in developing the ISP”.
- **3.5.:** Changed the word “skills” to “tools”.
- **3.5.:** Added “Morning Ritual” and “Communication Chart” to list of person-centered thinking tools. .
- **3.6.:** Expanded language regarding “The Role of Assessment in the Person-Centered Planning Process”. Described the purpose of CQL Personal Outcomes Measures®
- **Table 3.6-1.** Added Individual Experience Assessment, CQL Personal Outcomes Measures®, and Rights Assessments.
- **3.7.:** Clarified “Timelines for Completion and Review of the ISP”.
- **3.8.:** Language around ISP Effective Date has been clarified.
- **3.9.:** Added “Amendments to the ISP must be requested and processed in accordance with policies 80.3.4 Authorization of Services and 80.3.6 Amending the Initial Plan of Care Before Development of the ISP” to first paragraph.
- **3.9.:** Added “The person supported or legal representative requests an amendment” to the list of reasons that the ISP must be amended.
- **3.9.:** Added “If the person moves to a new residence (address change)” to the list of reasons that the ISP must be amended.

- **3.10.:** Revised last sentence of last paragraph for clarity. “Providers should work closely with the COS when supporting the person to determine which outcomes and action steps they want to work on for the ISP year. Outcomes and action steps should not be completed without the person being present”.
- **3.10.a.:** Heading changed to “Residential, Day and Personal Assistance Provider Responsibilities for Periodic Reviews”.
- **3.10.a.:** Added hyperlink to periodic review template to the footnotes.
- **3.10.a.:** Added “including a summary of the progress towards achievement of actions and outcomes” to #3 of items to be included with Reviews.
- **3.10.a.:** Added “based in direct request or input from the person supported or observations of the person’s response to services provided. All recommendations for changes to the ISP must be submitted with the understanding and consent of the person supported” to #5 of items to be included with Reviews.

Chapter 4: Support Coordination and Case Management

- **4.1.:** Added language describing “Support Coordination”.
- **4.2.:** Added “and DIDD Case Management” to the heading.
- **4.3.:** Deleted “High school diploma or general educational development (GED) certificate plus” from #4 of relevant experience requirements.
- **4.3.:** Added “Support Coordinators must successfully complete required pre-service training courses as well as periodic in-service training and any other re-training required to maintain approval to be a Support Coordinator”.
- **4.5.a.:** Increased the maximum caseload for ISCs to 35 people.
- **4.6.a:** Renamed Heading “Initial and Ongoing Assessment of Individual Strengths and Needs”.
- **4.6.b.2.:** Added “Providers of waiver services and supports” to the list of information and education that the ISC is required to provide to the person, guardian/conservator, and/or family.
- **4.6.b.3.:** Expanded “Individual rights and responsibilities of people using services including information regarding the right to file an appeal which must be provided annually” in the list of information and education that the ISC is required to provide to the person, guardian/conservator, and/or family.
- **4.6.b.4.:** Added “Self-advocacy groups and self-determination opportunities” to the list of information and education that the ISC is required to provide to the person, guardian/conservator, and/or family.
- **4.6.b.5.:** Added “Necessary information and support for the person’s facilitation of the person centered planning process to the maximum extent desired and possible. Person centered planning meetings must be conducted at a time and place convenient to the person supported” to the list of information and education that the ISC is required to provide to the person, guardian/conservator, and/or family.

- **4.6.c.:** Expanded first paragraph of this section. Added “based on assessed needs” to explanation of “Freedom of Choice”. Clarified ISC’s role in supporting the person’s informed choice.
- **4.6.c.:** Added “between institutional and community-based services” as choices given initially when a person seeks services.
- **4.6.d.:** Added “ISC/CM are required to coordinate services with the person’s MCO in accordance with TennCare’s Coordination of Benefits (COB) protocol. ISC/CM is primarily responsible for establishing contact with the MCO CM to coordinate benefits for the person supported, as needed. All ISC/CMs will conduct assessments to determine if there is a need to coordinate benefits, pursuant to DIDD protocols which guide the determination of service requests”.
- **4.6.d.1.:** Added “and in scope of the individual expenditure cap for individuals enrolled in the Statewide Waiver”.
- **4.6.d.2.:** Added “which is driven by the person supported”.
- **4.6.d.3.:** Added “Provide assistance with securing needed transportation supports”.
- **4.6.d.4.:** Added “and within the scope of the individual expenditure cap for persons enrolled in the Statewide Waiver”.
- **4.6.d.6.:** Added “Coordinate with the person’s health care providers and MCOs (as applicable), to ensure timely access to and receipt of needed physical and behavioral health services”.
- **4.6.d.:** Added “in accordance with TennCare’s COB protocol” as a parameter of “services or supports”.
- **4.6.e.:** Renamed Heading “Actual Development, Ongoing Evaluation, and Revision of the ISP”.
- **4.6.e.:** Added hyperlink to policy 80.3.4 Authorization of Services.
- **4.6.e.:** Added “or upon the request of the person supported and or legal representative” to when the ISC is responsible for developing and amending/updating the ISP.
- **4.6.f.4.:** Added “Address concerns which may include reporting to management level staff within the provider agency, or reporting to DIDD when resolution is not achieved and the ISP is not being implemented” to list of what regular contact allows the ISC to do.
- **4.6.f.5.:** Added “Document specific modifications to HCBS settings requirements based on the needs of the individual and in accordance with processes prescribed in federal and state regulation and protocol (see pages 3-6 through 3-7)” to list of what regular contact allows the ISC to do.
- **4.6.g.:** Description of “Contact Requirements” was expanded.
- **Table 4.6-1.** Contact Requirements Added.
- **4.6.h.2.:** Changed DIDD Contact to “Director of Person Centered Practices for assistance in obtaining this information”.

- **4.6.i.:** Added “and adequate preparation for reductions in services, if applicable”.
- **4.7.:** Changed “ISC/CM” to “Support Coordination”.
- **4.7.:** Added “monitoring and narrative documentation of the progress made with respect to each action step and outcomes”.
- **4.10.:** Changed Heading to “Annual Re-Assessment/Determination of LOC and HCBS Settings Compliance”. Added clarifying language regarding the reassessment requirement.

Chapter 5: General Provider Requirements

- **5.1.:** “Utilization Reviews” replaced “QA Surveys”.
- **5.1.:** Hyperlink to DIDD Licensure was added to the footnotes.
- **5.2.a.1.:** Added “Additionally, for including persons supported in the hiring process of staff to the extent they desire, where applicable (e.g., direct support professionals staffing supported living homes).
- **5.2.c.:** Added “students and interns”.
- **5.2.g.1:** Added “The evaluation process should include feedback from persons supported by staff”.
- **5.3.:** Changed section 2.6 to 5.11.b.
- **5.3.:** Added “The policy should include a description about the value of natural supports, how the provider will support people to sustain existing relationships and build new ones, maintain communication (including in-person visits) with natural supports and documenting people’s involvement and contact with their natural support network. See section 6.3.h and Factor 3 in the CQL Basic Assurances manual” to #5 of the list of subjects for which written policies must be in place.
- **5.3.:** Added “The policy should include how the provider will support people to be involved in making health care decisions and managing their own health care” to #10 of the list of subjects for which written policies must be in place.
- **5.3.:** Added “including supporting people to learn to use public transportation” to #14 of the list of subjects for which written policies must be in place.
- **5.3.:** Added “including supporting people to manage their own personal funds to the extent possible” to #15 of the list of subjects for which written policies must be in place.
- **5.3.:** Added “including how training will be tracked to assure that only fully trained staff will be assigned to work with people supported. The policy should describe how the provider will ensure that staff complete training in accordance with DIDD requirements (subjects, timelines). Additionally, the policy should address hiring, retention, evaluation and incentives for staff” to #16 of the list of subjects for which written policies must be in place.
- **5.3.:** Added #19 Human Rights Committee to the list of subject for which written policies must be in place.

- **5.3.:** Added “of provider services, including input from people supported and other stakeholders (e.g., family, legal representative, advocates)” to #22 of the list of subjects for which written policies must be in place.
- **5.3.:** Added #25 “Crisis Intervention Policy” to the list of subjects for which written policies must be in place.
- **5.3.:** Added #26 “Description of how the provider will comply with the CMS Final Rule for HCBS Settings and Person Centered Planning, as applicable” to the list of subjects for which written policies must be in place.
- **5.3.:** Added #27 “Description of how the provider will implement Employment First!, if applicable” to the list of subjects for which written policies must be in place.
- **5.4.:** Added “and compliance with the CMS HCB Settings Final Rule” to first paragraph.
- **5.4.:** Added “Absenteeism” to #6 of the self-assessment activities.
- **5.4.:** Added hyperlink to CQL Basic Assurances Self-Assessment Tool to the footnote.
- **5.5.:** Expanded “All persons supported, as well as provider staff, should have access to the QI plan and the opportunity to provide input” in first paragraph.
- **5.5.:** Added “and as a result of input received from persons supported, provider staff and other stakeholders” to #5 of systemic improvements process.
- **5.6.:** Added #1 “Ensuring the preferences and choices of people supported by the agency will be considered when identifying regularly assigned staff” to list of major supervisory functions.
- **5.6.:** Added #2 “Ensuring the development of staffing plans and on-duty work schedules” to list of major supervisory functions.
- **5.6.:** Added #3 “Ensuring back-up and emergency staffing procedures” to list of major supervisory functions.
- **5.6.:** Added “Specifically, ensure that staff is trained on the ISP for each person they support. See 6.4.b., Information and Training Specific to the Person” to #4 of the list of major supervisory functions.
- **5.6.b.:** Added “(unless otherwise specified due to quality monitoring results) – a minimum of one (1) visit each calendar month for LON 1-3 and” to Family Model.
- **5.7.:** Added #7 “A description of the provider’s annual hiring plan based on data and procedures for working with outside job placement services agencies” to provider management plan.
- **5.7.:** Added #8 “A description of the provider’s procedures for conducting employee satisfaction surveys and exit interviews” to provider management plan.
- **5.8.:** Added #9 “A description of the provider’s procedures for including people supported in developing recruitment and retention programs” to provider management plan.
- **5.8.a.:** Moved Provider Board composition from #6 to #2.

- **5.8.a.:** Added hyperlink to DIDD new provider training was added to the footnotes.
- **5.8.b.:** Moved Advisory Board composition from #3 to #1.
- **5.11.a.:** Added hyperlink to requirements applicable to providers of Medicaid funded HCBS waiver services to footnotes.
- **5.11.a.:** Added “and for people in the Statewide Waiver, the individual expenditure cap” to #2 of list of requirements.
- **5.11.a.:** Added #10 “providers shall work cooperatively with all other providers (including clinicians) and shall coordinate their services and supports...”.
- **5.11.a.:** Added #11 “Per the HRC policy, providers shall participate in Human Rights Committees...”.
- **5.11.a.:** Added hyperlink to Waiver Service Definitions.
- **5.11.a.:** Added hyperlink to OSHA Blood Borne Pathogens Training to footnotes.
- **5.11.a.:** Added hyperlink to policy 80.4.3 Personal Funds Management to footnotes.
- **5.11.b.:** Added section on Complaint Resolution Process.
- **5.11.c.:** Added section Privacy and Confidentiality of Records.
- **5.12.:** Added hyperlink to DIDD Licensure to footnotes.
- **5.12.:** Added “Such changes may necessitate a new provider application, provider agreement, or license” to end of first paragraph.
- **5.12.:** Added “In addition, terminating former provider employee access to Provider Claims Processing” to #4 of the list of changes that may necessitate a new provider application, provider agreement, or license.
- **5.12.:** Added “In addition, aforementioned changes must also be made, as applicable, to the provider’s Medicaid registration application in the TennCare Provider Registration Portal”.
- **5.12.:** Added hyperlink to PDMS to footnotes.
- **5.13.a.:** Added hyperlink to HIPAA Security Standards to footnotes.
- **5.13.b.:** Added hyperlink to policy 80.4.4 Electronic Records and Signatures to footnotes.

Chapter 6: Staff Development

- **6.1.:** Added “ensure that all staff” and “completed timely” to first sentence.
- **6.1.:** Added “Department training requirements align with CMS quality performance measures and regulations.
- **6.1.:** Deleted “vision services providers”.
- **6.3.a.:** Changed wording to “according to the training requirements for provider staff categories located on the DIDD training web site”.
- **6.3.b.1.:** Added “shift supervisory” to list of supervisor job titles.
- **6.3.b.7.:** Updated hyperlink to training requirements in the footnotes.

- **6.3.b.8.:** Changed Heading to “Agency Designated Trainers for Continuation of Staff Instructions”.
- **6.3.b.8.:** Added “meaning the staff must be capable of competent return demonstration of all steps” and “meaning the staff person must be capable of return demonstration for training another person” to second paragraph.
- **6.3.h.:** Added clarifying language about natural supports “These relationships are likely to sustain over time regardless of changes in the person’s services or location...” to description of natural supports.
- **6.4.b.:** Removed “working alone” from first sentence.
- **6.4.b.:** Added language to skills training in fourth paragraph.
- **6.4.b.:** Added hyperlink to Personal Training Profile to footnotes.
- **6.4.c.:** Changed the re-certification requirement to “per the Medication Administration for Unlicensed Personnel guidelines”.
- **6.4.c.:** Added the word “training” before “documentation verification...”.
- **6.4.d.2.:** Deleted “written test” from acceptable certification/re-certification.
- **6.4.g.:** Added “Centers for Medicare and Medicaid Services HCBS Settings Final Rule Requirements”.
- **6.4.h.:** Added “Human Rights Training”.
- **6.5.c.:** Changed Phase III training deadline for Job Coaches from “60” to “90” days of date of hire.
- **6.7.:** Added “Human Rights Training” to trainings offered by DIDD.
- **6.7.:** Added “per State, CMS and other federal guidelines” to first paragraph.
- **6.7.:** Added “and individual scored tests (if applicable)” to fourth paragraph.

Chapter 7: Protection from Harm

- **7.1.a.:** Clarifies Incident Management Unit process.
- **Table 7.1-1:** Primary Contact added in addition to Legal Representative. Other changes throughout.
- **7.1.b.:** Physical Abuse, Sexual Abuse and Emotional/Psychological Abuse definitions modified and clarified.
- **7.1.c.:** Lists Reportable Incidents and Interventions, some of which are new.
- **7.2.:** Provider’s Incident Management Coordinator (IMC) must complete and/or review for completeness and accuracy the RIF before it is sent to DIDD and the ISC. Also describes the process by which other copies and notification of the RIF must be completed and shared. Specifies that sexual abuse of a person supported must be reported to law enforcement.
- **7.3.:** Person served changed to person supported. Recommendations as well as findings are emphasized.

- **7.3.:** Specifies the IMC “acts as the primary contact for the DIDD Protection from Harm Unit (incidents and investigations) to ensure the investigative process is followed” to #1.
- **7.3.:** Added clarifying language regarding submission of RIFs, to #4.
- **7.4.:** Investigation Requirements clarified, especially when a provider is challenging a finding and solicits for reconsideration. Timelines for Final Investigative report distribution and discussion is clarified.
- **7.5.:** Clarifies and details guidelines and process for Requesting a Review of a DIDD Final Investigative Report.
- **7.7.:** Providers of residential, day, nursing and personal assistance must maintain and monitor an after-hours emergency number to facilitate contact between the DIDD on call investigator and agency management. This information must be maintained in the provider Protection from Harm policy. Other clarifications are present in this section.

Chapter 8: Health Care Management

- **8.3.a.:** Added, “This includes insuring that informed consent was granted prior to provision of psychotropic medications”. Added reference to Psychopharmacology Review Team in the footnote.
- **8.3.b.:** Adds expectation for cooperation with the MCO and the SelectCommunity nurse case manager. Relevant” health information replaces “current” health information for accompanying staff to health care encounters.
- **8.3.c.:** Primary Care Practitioner changed to Primary Care Provider.
- **8.4.:** Minor semantic changes.
- **8.5.a.:** Providers who employ staff to administer medications follow DIDD rules and standards and not Department of Health (DOH).
- **8.5.a.1.:** Required elements of a providers’ medication safety policy are specified in DIDD rules, not DOH.
- **8.5.a.4.:** Medication Administration Record (MAR) required elements are specified in DIDD rules, not DOH.
- **8.5.a.5.:** Use of terms “doctor” and “prescribing physician” changed to “prescriber”.
- **8.10.:** HCBS waiver supported entities must comply with DIDD requirement, 90.1.2, Death Reporting and Review Policy.

Chapter 9: Quality Management

- **9.1.:** Added person centered language.
- **9.3.b.:** Added Provider Self Assessments and Individual Experience Assessments to QMS Activities and Data Sources.
- **9.3.c.:** CMS requirement added re: Quality Improvement Plans by DIDD and TennCare to address specific areas of concern.

- **9.4.:** HCBS Settings rule requirement added for New Provider Support Process
- **9.5.b.:** Added “via review of compliance with requirements of the CMS Qualified Provider assurance, to” to second paragraph.
- **9.5.c.:** Clarifies frequency of Two star provider annual surveys.
- **9.5.d.:** Clarifies timeline for Consultative Surveys.
- **9.5.g.:** Added “A written final survey report will be provided to the provider as soon as possible following the survey” to the last paragraph.
- **9.6.a.:** Removed statement regarding sampling methodology.
- **9.7.b.:** DIDD staff responsibilities clarified as it relates to Immediate Jeopardy Procedures, #2.
- **9.11.:** Requirement of HCBS Final Rule Self Assessments detailed and explained.
- **9.12.:** Requirement of Individual Experience Assessments (IEA) under CMS setting rules detailed and explained.
- **9.15.g.:** Statewide Quality Management Committee (SQMC) may authorize an additional 60-day period prior to the imposition of benchmarks under extenuating circumstances.

Chapter 10: Creation and Maintenance of Provider Records

- **10.2.b.:** New requirement for records to be secured as well as maintained, #8.
- **10.3.:** Grants access to records for Law Enforcement or Court upon receipt of a valid court order under Title 33 of the Tennessee Code Annotated, #7.
- **10.5.:** Adds DHS Form 2350, DHS Form 2362 and the Freedom of Choice Form to the Comprehensive Record to be maintained.
- **10.5.a.:** Inserts Person Centered Planning and Circle of Support .
- **10.5.c.:** Examples of non-useful behavioral examples eliminated.
- **10.5.d.:** Redundant language eliminated.
- **10.7.:** Added DHS Form 2350, DHS Form 2362, Freedom of Choice Form and Individual Experience Assessment/Personal Outcome Measures ® Tool to the Support Coordination Record.

Chapter 11: Residential, Employment and Day Services

- **11.1.:** Statement expecting compliance under Section 1915(c), adds semi-independent living services as an option and adds several living arrangement scenarios as examples as well as including examples of requirements that residential service providers are expected to abide by.
- **11.1.a.:** Clarifies requirements applicable to Residential Habilitation Providers.
- **11.1.b.:** Clarifies and details requirements applicable to Family Model Residential Support as well as including a listing of restrictions for providers under the Department of Labor, Fair Labor Standards Act, final rule of January 1, 2015.

- **11.1.c.:** Clarifies requirements applicable to Medical Residential Support Services including new, allowable nursing duties involving personal assistance.
- **11.1.d.:** Clarifies responsibilities of oversight in Supported Living Services as well as involvement in the selection of housemates.
- **11.1.e.:** Clarifies requirements applicable to Semi-Independent Living Services.
- **11.1.f.:** Defines and details Home Inspection requirement for Supported Living and Semi-Independent Living Services.
- **11.1.f.:** Removed Intensive Behavior Residential Services.
- **11.1.g.:** Lease requirements applicable to all Residential Services (formerly Supported Living only) moved to this section from 11.1.d.1 in the previous Provider Manual. Additional requirements added.
- **11.1.i.h.:** Clarifies requirements for staffing plans which must be individualized for the person supported.
- **11.1.j.:** Describes service limit on number of days out-of-state services can be provided for specific services rendered.
- **11.2.:** Day Services heading changed to Employment and Day Services Requirements. Requirements added for and guiding principles explained for Employment Services and Day Services, respectively. Examples of the successful implementation of Day Services are supplied.
- **11.2.a.:** Day Services settings described with certain requirements that must be met.
- **11.2.b.:** Employment Services described and clarified.
- **11.2.b.1.:** Requirement added that a person supported who wishes to become employed must be referred to apply to Vocational Rehabilitation (VR) for services prior to DIDD approval for Employment Services. In addition, requirement added for providers to document ongoing efforts to support experience, exposure and education for people who choose other Day Service options.
- **11.2.b.2.:** Lists requirements for services that must be provided for Supported Employment and general guidelines for such.
- **11.2.c.:** Explains and describes guiding principles of Community Based Day Services.
- **11.2.d.:** Describes restrictions on use of In-Home Day Services and circumstances in which it may occur.
- **11.2.e.:** Describes requirements for Facility Day Services.
- **11.2.g.:** Removed language about state funded day service providers.

Chapter 12: Behavior Services

- **12.2.2.:** Language added to ensure the Behavior Support Plan (BSP) adheres to Person Centered Planning, Behavior Analysts only shall write the BSP, the agency or entity employing persons to write the BSP retains responsibility for implementing

and overseeing the BSP as well as notifying the Behavior Analyst of any conditions that makes implementation impossible and continual cooperation with the Circle of Support.

- **12.2.7.:** Requirements for billing are addressed.
- **12.3.:** Treatment emphasized over adding medications.
- **12.6.2.:** “Consent” changed to “Informed Consent”, person’s input should be considered and any BSP to be implemented requires appropriate informed consent and Human Rights Committee approval.
- **12.6.6:** General statement of guiding principles covering general use of Behavioral Safety Interventions added. Regional BSC required to review restricted procedures after 3 months of implementation. In addition, requirements incorporating Person-Centered Planning in conjunction with the ISP when the use of restraints is necessary is added.
- **12.8.:** Behavioral Respite Services clarified.
- **12.9.:** Heading revised to Self-Assessment and Internal Quality Improvement (QI).

Chapter 13: Therapeutic and Therapy-Related Services

- **13.1.:** Clarifying language added to Introduction.
- **13.2.a.:** Identifying the Need for Assessment is condensed and clarified.
- **13.2.b.:** Specifies that assessments and services must be preauthorized separately and that these services must be provided within authorized time frames in order to be billed.
- **13.2.e.:** Clarifies Professional Support Services License requirements.
- **13.2.f.:** Background check procedures relocated within this section.
- **13.7.:** Provider development of Quality Improvement (QI) plans clarified.
- **13.10.b.:** Clarifies details concerning therapeutic site assessments and notes how the changes to a new residence may affect staffing or vehicle accessibility.
- **13.10.d.:** Allows subjective information from person, family or staff to be included in contact notes.
- **13.10.e.:** Clarifies that competency based training of staff and/or training of a designated trainer is required.
- **13.10.f.:** Requires monthly progress notes to be completed by the therapist and not a therapy assistant.
- **13.10.h.:** Reinforces that discharge summaries must be signed and dated.
- **13.14.:** Expands the clinician’s role /involvement when adaptive equipment is ordered and the adaptive equipment arrives.
- **13.17.a.:** Specifies that eligibility for waiver funding for Environmental Accessibility Modifications (EAM) is specified in the Waiver Service Definitions.

- **13.18.:** Specialized Medical Equipment Supplies and Assistive Technology (SMESAT) acronym is defined as a whole. Also, reinforces that the therapist is responsible for ensuring that authorized equipment once delivered meets the needs of the person and that appropriate staff have been trained on how to operate the equipment.

Chapter 14: Nursing and Dental Services

- Chapter 14 renamed Nursing and Dental Services
- **14.2.g.:** Removed requirement for submitting billing calendars each month.
- **14.3.a.:** Clarifies the waiver definition for Dental Services applies to all Dental services provided via a Medicaid waiver and other DIDD funded programs.
- **14.3.b.:** Removes Arlington Waiver reference.

Chapter 15: Other Waiver Services

- **15.2.b.8.:** Clarifies hourly use of Respite and how it counts towards the total of 30 days.
- **15.2.b.10.:** Clarifies Levels 1, 2, 3, and 4 of Respite and combinations thereof are limited to 30 calendar days per calendar year per person.
- **15.3.c.:** Removed reference to DIDD Housing Resource Directory..
- **15.3.d.:** Requirements and clarifications added pertaining to individuals may choose to receive services within the same home with other individuals who need differing services; Personal Assistance (PA) documentation; a single-personal assistant may provide PA to more than one individual in the home and service unit billing. In addition, Health Care Organizations that have an approved Provider Agreement with DIDD to provide personal assistance services must ensure that staff meets DIDD training requirements for personal assistance staff.

Appendix A: Acronyms

- “CAC” added which stands for Comprehensive Aggregate Cap.
- “PFH” added which stands for Protection from Harm.
- “ISTP” updated which stands for Individual Support Transition Plan.

Appendix B: Glossary

- Class Member definition deleted.
- Dietician/Nutritionist definition deleted.
- Direct Responsibility For definition added.
- Emergency Psychotropic Medication definition added.
- Home and Community Based Services (HCBS) definition modified and clarified for consistency.

Summary of Revisions to DIDD Provider Manual
January 6, 2017

- Human Rights Committee definition modified due process changed to formal Human Rights review.
- Investigation definition modified
- Mechanical restraint definition expanded.
- Patient Liability modified and clarified.
- Provider Agreement definition modified and clarified.
- Qualified Intellectual and Developmental Disabilities Professional (QIDDP/Case Manager) modified with CFR Standard noted.
- Rights Restriction definition added.
- Skilled Nursing Facility definition added.